



"A Coastal Treasure in Recreation"

BRUNSWICK COUNTY YOUTH BASKETBALL



ROOKIES – 1ST & 2ND GRADE (COED LEAGUE FOR BOYS & GIRLS)

JUNIOR VARSITY GIRLS – 3RD & 4TH GRADE GIRLS

JUNIOR VARSITY BOYS – 3RD & 4TH GRADE BOYS

VARSITY GIRLS – 5TH & 6TH GRADE GIRLS

VARSITY BOYS – 5TH & 6TH GRADE BOYS



ALL PARTICIPANTS:

*****MANDATORY SKILLS ANALYSIS*****

NOVEMBER 15, 2012

ROOKIES – 6:00 – 6:30 P.M.

JUNIOR VARSITY – 6:30 – 7:00 P.M.

NOVEMBER 16, 2012

VARSITY – 6:00 – 7:00 P.M.

MAKE-UP DATE IS NOVEMBER 19, 2012



LOCATIONS:

*****ALL WEST PLAYERS*****

SHALLOTTE MIDDLE SCHOOL

*****ALL SOUTH PLAYERS*****

TOWN CREEK ELEMENTARY-NOV. 15 & 16

SOUTH BRUNSWICK MIDDLE SCHOOL-NOV. 19

*****ALL NORTH PLAYERS*****

LELAND MIDDLE SCHOOL

*****ALL CENTRAL PLAYERS*****

CEDAR GROVE MIDDLE SCHOOL

SPONSORED BY:

BRUNSWICK COUNTY PARKS and RECREATION

BRUNSWICK COUNTY SCHOOLS

DEADLINE TO REGISTER IS:

NOVEMBER 19, 2012

NO TEAM ASSIGNMENT REQUESTS ACCEPTED!

Registrations will be taken at the Brunswick County Parks and Recreation in Bolivia at the Government Complex / Building M
Monday thru Friday
8:30 a.m. – 5:00 p.m.

REGISTRATION FEE: \$40.00 EACH

**Mail Applications to:
Brunswick County Parks and Recreation
Attn: Brian Moore / Aaron Perkins
P.O. Box 249
Bolivia, NC 28422**

www.brunsko.net

Phone: (910) 253-2670



ATHLETIC REGISTRATION FORM
BOYS & GIRLS YOUTH BASKETBALL
Brunswick County Parks & Recreation Department



NAME: _____ M/F: _____
(LAST) (FIRST) (MIDDLE)

BIRTHDATE: _____ GRADE/AGE: _____
(MONTH) (DAY) (YEAR)

MAILING ADDRESS: _____
(STREET or P.O. BOX) (PHYSICAL ADDRESS)

(CITY) (ZIP)

PHONE: _____ EMAIL: _____ @

EMERGENCY PHONE/CONTACT: _____

SCHOOL ATTENDING: _____

ANY PHYSICAL LIMITATIONS: _____

JERSEY SIZE (Please Circle One)

YOUTH SMALL YOUTH MEDIUM YOUTH LARGE ADULT SMALL ADULT MEDIUM ADULT LARGE

LOCATION INFORMATION:

1ST YEAR PLAYER ☐ RETURNING PLAYER ☐

LAST YEAR PLAYED FOR: **NORTH** ☐ **SOUTH** ☐ **CENTRAL** ☐ **WEST** ☐

NORTH IS ANY PARTICIPANT WHO WILL ATTEND N.B.H.S. AND LIVES IN THE LELAND, BELVILLE & NAVASSA AREA.

SOUTH IS ANY PARTICIPANT WHO WILL ATTEND S.B.H.S. AND LIVES IN THE SOUTHPORT-OAK ISLAND, B.S.I., WINNABOW & TOWN CREEK AREA.

CENTRAL IS ANY PARTICIPANT WHO WILL ATTEND S.B.H.S. or W.B.H.S. AND LIVES IN THE SUPPLY, HOLDEN BEACH, CEDAR GROVE AREA.

WEST IS ANY PARTICIPANT WHO WILL ATTEND W.B.H.S. AND LIVES IN THE SHALLOTTE, O.I.B., WACCAMAW, CALABASH and SUNSET BEACH AREA

COMMENTS ON LOCATION PLACEMENT: _____

PARENTAL CONSENT: PLEASE READ & SIGN: APPLICATION MUST BE SIGNED BY AT LEAST ONE PARENT/GUARDIAN FOR PARTICIPANT TO BE ELIGIBLE. BY SIGNING THIS REGISTRATION, YOU ARE STATING THAT YOU UNDERSTAND AND AGREE TO FOLLOW THE TERMS AND CONDITIONS BELOW.

I/WE, the Parents/Guardians of the above named candidate for a position on any of the BCYBL Youth Basketball teams, hereby give MY/OUR approval to his/her participation in any and all BCYBL Youth Basketball activities during the current season. I/WE assume all risks and hazards incidental to such participation including transportation to and from such activities, and I/WE do hereby waive release, absolve, indemnity and agree to hold harmless the Brunswick County Parks & Recreation, BCYBL Youth Basketball League and its Associations, the sponsors, supervisors, participants, volunteers and persons transporting MY/OUR child to and from activities for any claim arising out of illness, injury, accidental death or damage to personal property sustained in the above activity to MY/OUR child. I/WE and participant agree to abide by the BCYBL Rules of Conduct.

YOUR CHILD **MUST** PLAY FOR THE TEAM IN THE DISTRICT IN WHICH YOUR PHYSICAL ADDRESS FALLS. IF THERE IS NOT A TEAM FROM THAT DISTRICT, HE/SHE WILL BE ABLE TO PLAY FOR THE TEAM IN THE NEXT CLOSEST DISTRICT.

AS A PARENT OR GUARDIAN, I ASSUME ALL RESPONSIBILITY FOR ANY UNIFORM / EQUIPMENT THE ABOVE PARTICIPANT RECEIVES FOR THIS PROGRAM. NO ALTERATIONS TO ANY UNIFORM OR EQUIPMENT ARE ALLOWED. UNIFORM / EQUIPMENT MUST BE RETURNED BY THE LAST GAME OR EVENT OF THIS PROGRAM OR I WILL PAY FOR THE UNIFORM / EQUIPMENT.

PARENTAL MEDICAL TREATMENT AUTHORIZATION: In the event of injury to MY/OUR child, I/WE hereby grant authority to a qualified paramedic/physician to render such medical treatment as said paramedic/physician deems necessary under the circumstances.

PICTURE CONSENT FOR FILM / WEBSITE / ADVERTISEMENTS: I/WE give permission to have my child's picture on the BCP&R/league web site, program advertisements, video for purposes of televising games and any other medium used strictly to promote the BCYBL.

PLEASE MAIL COMPLETED FORM TO: BCP&R ~ ATTN: BRIAN MOORE ~ P.O. BOX 249 ~ BOLIVIA, NC 28422

FAX: (910) 253-2684 (REGISTRATIONS MUST BE COMPLETED & SIGNED WITH /FEE PAID & RECEIVED BEFORE ANY PARTICIPATION CAN BEGIN.)

I/WE have read the above and agree and understand the policies set forth above.

PARENT OR GUARDIAN

DATE

MAIL TO: BCP&R / ATTN: BRIAN MOORE / P.O. BOX 249 / BOLIVIA, NC 28422 FAX: 910-253-2684

FOR OFFICE USE ONLY

Fee: \$40.00

Cash: _____

Check: _____

Check #: _____

Date: _____

Receipt: _____

PLAYER'S CODE of CONDUCT

Players must sign stating that you read and understand the Players Code.

1. I will listen to my coach and follow the rules that are established for my team.
2. I will do my best to be on time and attend all practices and games.
3. I will always exhibit good sportsmanship and be respectful of all participants.
4. I will not argue with or be disrespectful to any official.
5. I will not use any foul or inappropriate language during any practice or game.
6. I will obey my parents and promise to give my best efforts in school.
7. I will obey all league and team rules as well as uphold this code of conduct and understand that I can be suspended or removed from the team for any violation of rules or this code.

Player Name (Print)



Player Signature



PARENT'S CODE of CONDUCT

Parent(s)/Guardian(s) must sign stating that you read and understand the Parents Code of Conduct.

1. I will encourage good sportsmanship by demonstrating positive support for all children, coaches, officials, fans and directors participating in the league.
2. I will get my child to all practices and games and be on time.
3. I will place the emotional and physical well-being of all children ahead of any personal desire to win.
4. I will make sure my child understands the player code of conduct and will ensure that he/she is following it.
5. I will remember that the league is for the children and not adults.
6. I will do all I can to make sure the league is fun and safe for all participants.
7. I understand that team rules have been established to enable coaches to effectively conduct the affairs of the team in accordance with league rules.
8. I understand my child is subject to league rules, team rules and player's code.
9. I understand the league is volunteer based and a thank you goes a long way.
10. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every practice and game.

Parent(s)/Guardian(s) Name (Print)



Parent(s)/Guardian(s) Signature


